

# #3 FOR UTILITY/DESIGN CIP/PCT NATIONAL/PLANT ORIGINAL/SUBSTITUTE/SUPPLEMENTAL DECLARATIONS

## RULE 63 (37 C.F.R. 1.53) DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CUSHMAN  
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED ADJUVANT FOR TRANSCUTANEOUS IMMUNIZATION

the specification of which (CHECK applicable BOX(ES))

☐ is attached hereto.

X ☒ was filed on March 12, 1999

as U.S. Application No. 09/366,803

BOX(ES) ☐ was filed as PCT International Application No. PCT/

on

☒ and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby state foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

### PRIOR FOREIGN APPLICATION(S)

Number

Country

Day/MONTH/Year Filed

Date first laid

open or Published

Date Patent

or Granted

Priority Claimed

Yes No

I hereby claim domestic priority benefit under 35 U.S.C. 119/20965 of the indicated United States applications listed below and PCT International applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT International filing date of this application:

### PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)

Application No. (series code/serial no.)

Day/MONTH/Year Filed

Statute

pending, abandoned, patented

Priority Claimed

Yes No

08/742,184

14 November 1998

Pending

☒

09/366,803

17 July 1997

Pending

☒

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Charles H. Harris, Reg. No. 54,616 of Command Patent Attorney, Waller Reed Army Institute of Research, Washington, D.C. 20307-5100 AND Cushman Darby & Cushman Intellectual Property Group of Pillsbury Madison & Suto LLP, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3714, telephone number (202) 462-3000 as my attorney-in-fact and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person(s) designee(s) or attorney(s) organization who/which first contacts me in this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or a below attorney in writing to the contrary.

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(FOR ADDITIONAL INVENTORS, check box ☐ to attach CDC 116-2 same information for each re signature, name, date, citizenship, residence and address.)



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